

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	P02216US0
	First Named Inventor	Anna-Edman Örlfors, et al.
	COMPLETE IF KNOWN	
	Application Number	Not Yet Assigned
	Filing Date	June 28, 2001
	Group Art Unit	N/A
	Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR SEQUENCING DNA USING A MICROFLUIDIC DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 12/23/1999 as United States Application Number or PCT International

Application No. PCT/EP99/10347 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9828785.7 PCT/EP99/10347	GB PCT	12/30/1998 12/23/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Declaration for Utility or Design Patent Application

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EK102717732US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: June 28, 2001

Signature:  (Melissa W. Acosta)

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		26,271		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		1-0 Anna		Family Name or Surname Edman Örlfors	
Inventor's Signature Anna Edman Örlfors		Date 06/9/01			
Residence: City Uppsala		State SE		Country Sweden	
Mailing Address: Väderkvarnsgatan 35B					
City Uppsala		State		ZIP S-753 26	
Country		Sweden			
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) 2-0 Kerstin		Family Name or Surname Erickson			
Inventor's Signature Kerstin Erickson		Date 06/9/01			
Residence: City Uppsala		State SE		Country Sweden	
Mailing Address: Dag Hammarskjöldsv 245 B					
City Uppsala		State		ZIP S-756 52	
Country		Sweden			
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>300</u>		Per		Family Name or Surname <u>Andersson</u>	
Inventor's Signature <u>[Signature]</u>				Date <u>2001-06-19</u>	
Residence: City <u>Stockholm</u> <u>Uppsala</u>		State <u>SE</u>		Country <u>Sweden</u> Citizenship <u>Swedish</u>	
Mailing Address: <u>Botvidsgatan 3c</u>					
City <u>Uppsala</u>		State		ZIP <u>SE 753 29</u> Country <u>Sweden</u>	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>400</u>		Per <u>Johan</u>		Family Name or Surname <u>Ulfendahl</u>	
Inventor's Signature <u>[Signature]</u>				Date <u>2001-06-20</u>	
Residence: City <u>Uppsala</u>		State <u>SE</u>		Country <u>Sweden</u> Citizenship <u>Swedish</u>	
Mailing Address: <u>Rapphönsvägen 10B</u>					
City <u>Uppsala</u>		State		ZIP <u>S-756 53</u> Country <u>Sweden</u>	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>500</u>		Per <u>Esfir</u>		Family Name or Surname <u>Löfman</u>	
Inventor's Signature <u>[Signature]</u>				Date <u>06192001</u>	
Residence: City <u>Uppsala</u>		State <u>SE</u>		Country <u>Sweden</u> Citizenship <u>Swedish</u>	
Mailing Address: <u>Börjegatan 1B</u>					
City <u>Uppsala</u>		State		ZIP <u>S-753 13</u> Country <u>Sweden</u>	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		Date	
Inventor's Signature				Citizenship	
Residence: City		State		Country	
Mailing Address:					
City		State		ZIP	
				Country	

2001-06-19